



PTO/SB/21 (09-04)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	08/469,492
Filing Date	June 6, 1995
First Named Inventor	Howard L. Weiner
Art Unit	1645
Examiner Name	P. Duffy
Attorney Docket Number	01010/1006959-US4

**ENCLOSURES (Check all that apply)**

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input checked="" type="checkbox"/> Fee Attached                          | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply                       | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request             | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   |   |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____                                      |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application    |   |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	DARBY & DARBY P.C.		
Signature			
Printed name	Michael J. Sullivan		
Date	December 9, 2004	Reg. No.	54,479

Express Mail Label No.

Dated: \_\_\_\_\_

**AMENDMENT TRANSMITTAL LETTER**Docket No.  
01010/1006959-US4Application No.  
08/469,492Filing Date  
June 6, 1995Examiner  
P. DuffyArt Unit  
1645

Applicant(s): Howard L. Weiner

Invention: BYSTANDER SUPPRESSION OF AUTOIMMUNE DISEASES

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	17	- 20 =		x	0.00
Independent Claims	3	- 3 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					1,020.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>1,020.00</b>

☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 1,020.00 to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100  
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  
Michael J. Sullivan

Attorney Reg. No.: 54,479

Dated: December 9, 2004

DARBY & DARBY P.C.  
P.O. Box 5257  
New York, 10150-5257  
(212) 527-7770

Express Mail Label No.

Dated: \_\_\_\_\_



USE IN LIEU OF PTO/SB/17 (11-04)  
Reflects USPTO filing fees in effect from 12/\_\_\_/04

# FEE TRANSMITTAL

## For FY 2005

(Reflects USPTO filing fees in effect from 12/\_\_\_/04)

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,020.00

### Complete if Known

Application Number	08/469,492
Filing Date	June 6, 1995
First Named Inventor	Howard L. Weiner
Examiner Name	P. Duffy
Art Unit	1645
Attorney Docket No.	01010/1006959-US4

### METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order

☐ Deposit Account ☐ None

Deposit Account Number 04-0100

Deposit Account Name Darby & Darby P.C.

The Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below  
☐ Charge fee(s) indicated below, except for the filing fee  
☐ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17  
☒ Credit any overpayments

to the above-identified deposit account.

☐ Other (please identify):

### FEE CALCULATION

#### 1. BASIC FILING FEE

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
Utility Filing Fee	300	150	
Design/Design CPA Filing Fee	200	100	
Plant Filing Fee	200	100	
Reissue Filing Fee	300	150	
Provisional Filing Fee	200	100	

#### 1a. ADDITIONAL FILING FEES

Utility Search Fee	500	250	
Design Search Fee	100	50	
Plant Search Fee	300	150	
Reissue Search Fee	500	250	
Utility Examination Fee	200	100	
Design Examination Fee	130	65	
Plant Examination Fee	160	80	
Reissue Examination Fee	600	300	
Application Size Fee, each add'l 50 sheets > 100 sheets	250	125	

Subtotal (1) and (1a.) \$ 0.00

### FEE CALCULATION (continued)

#### 2. EXTRA CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20	50	25
Each independent claim over 3	200	100
Multiple dependent claims	360	180
For Reissues, each claim over 20 and more than in the original patent	50	25
For Reissues, each independent claim more than in the original patent	200	100

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
17	- 20 =		0.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 =		0.00

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
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Subtotal (2) \$ 0.00

#### 3. OTHER FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid
1-month extension of time	120	60	
2-month extension of time	450	225	
3-month extension of time	1020	510	1,020.00
4-month extension of time	1,590	795	
5-month extension of time	2,160	1,080	
Information disclosure stmt. fee	180	180	
37 CFR 1.17(q) processing fee	50	50	
Non-English specification	130	130	
Notice of Appeal	500	250	
Filing a brief in support of appeal	500	250	
Request for oral hearing	1,000	500	

Other:

Subtotal (3) \$ 1,020.00

### SUBMITTED BY

Signature   
Name (Print/Type) Michael J. Sullivan

Registration No. 54,479 Telephone (212) 527-7700

Date December 9, 2004

Express Mail Label No.

Dated: \_\_\_\_\_



Application No. (if known): 08/469,492

Attorney Docket No.: 1010/1006959-US4

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as  
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*B.W. LEE*

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Fee Transmittal (1 page);  
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1  
page);  
Amendment in Response to Non-Final Office Action (11 pages);  
Attachement A (4 pages)  
Amendment Transmittal (1 page);  
Check in the amount of \$1,020.00 (Check No. **6970** ); and  
Return postcard.